



STATE  
OF  
GEORGIA

# Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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1. Application Date <b>Feb. 18, 1975</b>		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received: <b>MAR 10 1975</b> Application No.: <b>75-80</b> Date Completed: <b>APR - 9 1975</b>	
2. Agency Application No. <b>DHR-DBP-19</b>		3. AGENCY, Division, Subdivision & Administering Office Address <b>Department of Human Resources Division of Benefits Payments Medicaid Unit 47 Trinity Ave., SW Atlanta, Ga. 30334</b>		4. Person to Contact <b>Joe Kimbrough</b> 5. Working Title <b>Staff Supervisor</b> 6. Tel. No. <b>656-4700</b>	
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series <b>1967 - present</b>		9. Exact Series Title <b>MEDICAID ELIGIBILITY REPORT FILES</b>			
10. What is the function of the office in which this record series is created? <p>The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care.</p> <p>The Medicaid Section has the responsibility to review for accuracy and approve for payment to State physicians, hospitals, rental agencies, ambulance services, nursing homes, and home health agencies, all Medicaid claims filed for reimbursement for services rendered to welfare recipients in the State of Georgia; and to answer inquiries and correspondence regarding Medicaid claims.</p>					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). <p>Documents relating to maintaining a list of Georgia residents eligible for Medicaid assistance payments.</p> <p>Included are Computer Output Microfilm, identifying Medicaid recipient's name, case number (assigned by County Family and Children Services Office), eligibility inclusion dates, and recipient's vital statistics (race, sex, date of birth). This information is compiled monthly; twelve monthly reports are compiled into an annual report.</p> <p>Files are arranged chronologically by month of report; thereunder alphabetically by name of Medicaid recipient.</p>					
ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers				36 Microfilm reels	
Legal-size File Drawers				Floor Space Occupied (Square Feet)	
20-Tier Cartridge Holder				7	
				AVERAGE DAILY REFERENCES	
				25	
				1	
				1	
				1	

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain.

13. Is this the Record Copy of the series? [X] [ ]
14. Is there a duplication of this series in another office or agency? [X] [ ]  
**U. S. Department of HEW.**
15. Is the information contained in this series ever summarized or published? [ ] [X]  
 Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? [ ] [X]
17. Does the series initiate, amend or terminate agency policies and procedures? [ ] [X]
18. Could the function be performed if the files were lost or destroyed? [X] [ ]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? [X] [ ]  
**Easier reference accessibility.**
20. Does the record series provide data as input to an EDP file? [ ] [X]
21. Does the record series contain documentation produced as EDP printout? [X] [ ]  
**Record Series is input into COM file.**
22. Has the Federal Government issued instructions governing the retention/disposition of these files? See item #24. [X] [ ]
23. Will there be a need for these records 10, 15 years from now? If yes, what? [ ] [X]

24. **REQUIREMENTS.** The following requires the files to be kept 5 years:

- a. [ ] STATE LAW    b. [ ] STATUTE OF LIMITATION    c. [ ] AUDIT PERIOD    d. [ ] FEDERAL LAW    e. [X] ADMINISTRATIVE DECISION    f. [ ] HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

SEE ATTACHED SHEET

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each - [X] CALENDAR YEAR - [ ] FISCAL YEAR - [ ] OTHER \_\_\_\_\_, then:

- [ ] Hold in the current files area \_\_\_\_\_ month(s)/\_\_\_\_\_ year(s):
- [ ] Transfer to [ ] State Records Center [ ] Local Holding Area; hold \_\_\_\_\_ year(s):
- [ ] Destroy.
- [ ] Transfer to State Archives for permanent retention.
- [ ] Destroy immediately after cut-off.
- [X] Other: (Specify)

Medicaid Eligibility Monthly Report Files (COM) - Destroy upon Receipt and verification of the following month's report.

Security Medicaid Eligibility Annual Report Files (COM) - Cut off files at end of each calendar year; then transfer to State Records Center; hold 5 years; then destroy.

Note: These files may not be destroyed until all audit questions are resolved.

SEE ATTACHED SHEET

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William M. Dixon</i>	<i>FEB 24 1975</i>	<i>Joe Embroyl</i>	<i>2-19-75</i>
26. Recommendations in paragraph 25 are:	Agency Head/Designee [X] Approved [ ] Disapproved	<i>William M. Dixon</i>	<i>4-8-75</i>
	State Auditor/Designee [X] Approved [ ] Disapproved	<i>Small Hart</i>	<i>4-4-75</i>
	Secretary of State/Designee [X] Approved [ ] Disapproved	<i>Robert J. Thell</i>	<i>4-9-75</i>
	Attorney General/Designee [X] Approved [ ] Disapproved		

STATE RECORDS  
COMMITTEE